Cape Breton District Health Authority

Our Health

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Public Affairs
Department
Cape Breton District
Health Authority
1482 George Street
Sydney, NS B1P 1P3
567-7791

Photos: Barry Bernard
Vaughan Merchant
Lynn Gilbert

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THE HIGHLIGHTS SUMMARY IS AVAILABLE IN ENGLISH, FRENCH AND MI'KMAQ.

Message from the Board Chair Donald Ferguson

With great pleasure we present OUR HEALTH, the first Cape Breton District Heath Authority Health Status Report. As the District continues to respond to the health needs of the population, it's important for us to reflect upon the health needs of the communities of Cape Breton, Inverness and Victoria counties. Although diverse in geography, we share common concerns when it comes to our health. As a District, we have an enormous challenge to respond to your health issues. In working with your Community Health Boards (CHBs), we hope to meet this challenge.

Much data has been collected on our health and is shared in each chapter of this report. The purpose of this report is to encourage action to address these health issues.

As a District, we value accountability, respect and trust. We will strive to provide evidence-based, integrated services founded on appropriate health planning principles. Regular evaluation of the health care needs of the District will serve as a basis for health care delivery.

We will also strive to treat all individuals with dignity and respect. As well we will strive to practice open, honest and timely communication, thereby fostering positive interpersonal relationships. We will also strive to demonstrate consistency, yet show the needed flexibility to foster innovation.

With the help of the CHBs and your support our mission to promote a healthy lifestyle within the District's population by providing appropriate, compassionate, integrated services focussing on quality-of-life through treatment, education and research while minimizing the effects of disease processes, should be realized.

Message from the CEO John Malcom

OUR HEALTH represents a beginning. The information presented in this document will be the foundation for measuring the success of future health initiatives. This data outlines our health issues according to age grouping.

The good news is that our health issues, while differing in magnitude, are not unlike those of other Nova Scotians.

We are faced with the challenge of improving our health. Factors called determinants of health, such as unemployment, education levels and social isolation do impact on health. In our planning these factors need to be considered.

Those consulted on our health priorities have suggested that tobacco reduction, economic development as it impacts on health and public health education were good places to begin.

We can look to other jurisdictions for proven health programs that work. For example, the flu immunization campaigns this past year decreased our pneumonia/flu admissions to hospitals.

The closing chapter of this report, "A Healthier Tomorrow," will summarize the plans for our staff, physicians and the public as we work with you to improve OUR HEALTH.

Acknowledgements

The Cape Breton District Health Authority wishes to acknowledge the help of many partners in the production of this report. The work began in June 2001 and has been the result of a cohesive effort on the part of many staff members, physicians, patients, clients and the public. Special thanks to those who participated in interviews and helped add a personal touch to the report. Much appreciation to our external partners – Diabetes Care Program of Nova Scotia, the Reproductive Care Program of Nova Scotia, Dalhousie Population Health Research Unit, Provincial Departments of Health, Environment and Labour, Department of Transportation, municipalities within the District, Human Resources Development Canada and Aboriginal communities in the District.

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Special thanks also to expert readers Dr. Peter Littlejohn, Mike Pennock, Sharon Rudderham and Eileen Woodford for their helpful comments.

We congratulate the Steering Committee who guided the project from inception.

Health Status Steering Committee

Cathy Attwood
Health Records
Cape Breton District Health Authority

Greg Boone
Public Affairs
Cape Breton District Health Authority

Lynn Gilbert
Public Affairs
Cape Breton District Health Authority

Agatha Hopkins
Public Health Services
Cape Breton District Health Authority

Yvon LeBlanc
District/Community Health Board Representative
Cape Breton District Health Authority

Glennis Nathanson
Health Records
Cape Breton District Health Authority

Mary Lou O'Neill
Population Health & Research
Cape Breton District Health Authority

Malcolm Ross, MHSA Resident
Cape Breton District Health Authority

Peter Stevens
Eskasoni Community Health
Aboriginal representative

Highlights

How is OUR HEALTH? In order to answer this question we reviewed a number of factors. We reviewed the ***determinants*** of health (such as the socio-economic status, the demographics of the population, the education level of the population and environmental factors). We wanted to know about our ***health system performance*** (the quality of care) and our ***health status*** (the disease burden in our population).

Where is OUR HEALTH compared to the rest of the province or the country? Where possible we compared the Cape Breton District Health Authority statistics to the provincial data. When provincial comparative data was not available, we used national data. We have answered a multitude of questions, according to age group, and in summary present **OUR HEALTH SUCCESSES** and **OUR HEALTH CHALLENGES**.

Our Health Successes

- Child immunization rates with two year olds, 94%; 4-6 year olds, 97%; 10-11 year olds, 98.6% and 14-16, year olds 98.6% (provincial comparisons unavailable) (Public Health Services, 2001).
- In both our District and the Guysborough Antigonish Strait District Health Authority, Public Health Services reported that flu immunization for those living in and working in long term care showed 42.6% of staff; 12.9% of physicians, 5.1% of volunteers and 85.9% of residents were immunized. This compared, in acute care settings to 34.8% staff, 12.6% physicians and 13.3% of volunteers being immunized during the year ending December 2000.
- Public Health Services assessed 1,057 postpartum women in 2000, 41.9% were first time moms while 58.1% had more than one child.
- Teen moms declined from 12.28% in 1995 to 10.36% in 1999. Provincial percentages for the same time frame were 8.2% in 1995 and 7.18% in 1999.

Our Health Challenges

- In 1999, low childbirth weight (less than 2,500 grams) was 6.25% in the District compared to 5.78% provincially (Reproductive Care Program, 1999).
- In 1999, child pre-term birth rate (less than 37 weeks) was 8.12% in the District, compared to 7.54% provincially (RCP, 1999).
- In 1999, 33.23% of moms smoked when they were admitted to hospitals within the District compared to 25.38% provincially (RCP, 1999).
- In 1999, breastfeeding rates upon discharge from hospital were 43.90% in the District compared to 64.26% provincially (Public Health Services, 1999).
- In 1999, 11.98% of District moms suffered depression at birth compared to 6.69% provincially (Public Health Services, 1999).
- Presently one out of every six people between the ages of 65 -74 years will develop Type 2 adult onset diabetes (Diabetes Care Program of Nova Scotia, 2001).
- In the District, youth smoking was reported to be 39.9% in 1998 compared to 36.1% provincially.
- The District ranked 19/20 for hip fractures when compared to other largely rural communities in Canada (MacLean's, 2001).
- ***The heart/circulatory disease death rate*** was 306.8/100,000 compared to 259.5/100,000 provincially (Statistics Canada, 1996). In the District, ***one out of 326 people died of heart/ circulatory reasons.***
- ***The Cancer death rate*** was 231.8/100,000 compared to 208.3/100,000 provincially (Statistics Canada, 1996). In the District ***one out of every 432 people died of cancer.***
- ***The respiratory disease death rate*** was 76.3/ 100,000, compared to 71.0/100,000 provincially (Statistics Canada, 1996). In the District, ***one out of every 1,311 people died of respiratory reasons.***

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Key Terms

You may see some of the following abbreviations throughout this report.

BM-Buchanan Memorial Hospital located in Neil's Harbour

CBHC-the Cape Breton Healthcare Complex which consists of the facilities in Industrial Cape Breton: Cape Breton Regional, Glace Bay Health Care, Northside General, Harbour View, Taigh Na Mara and New Waterford Consolidated

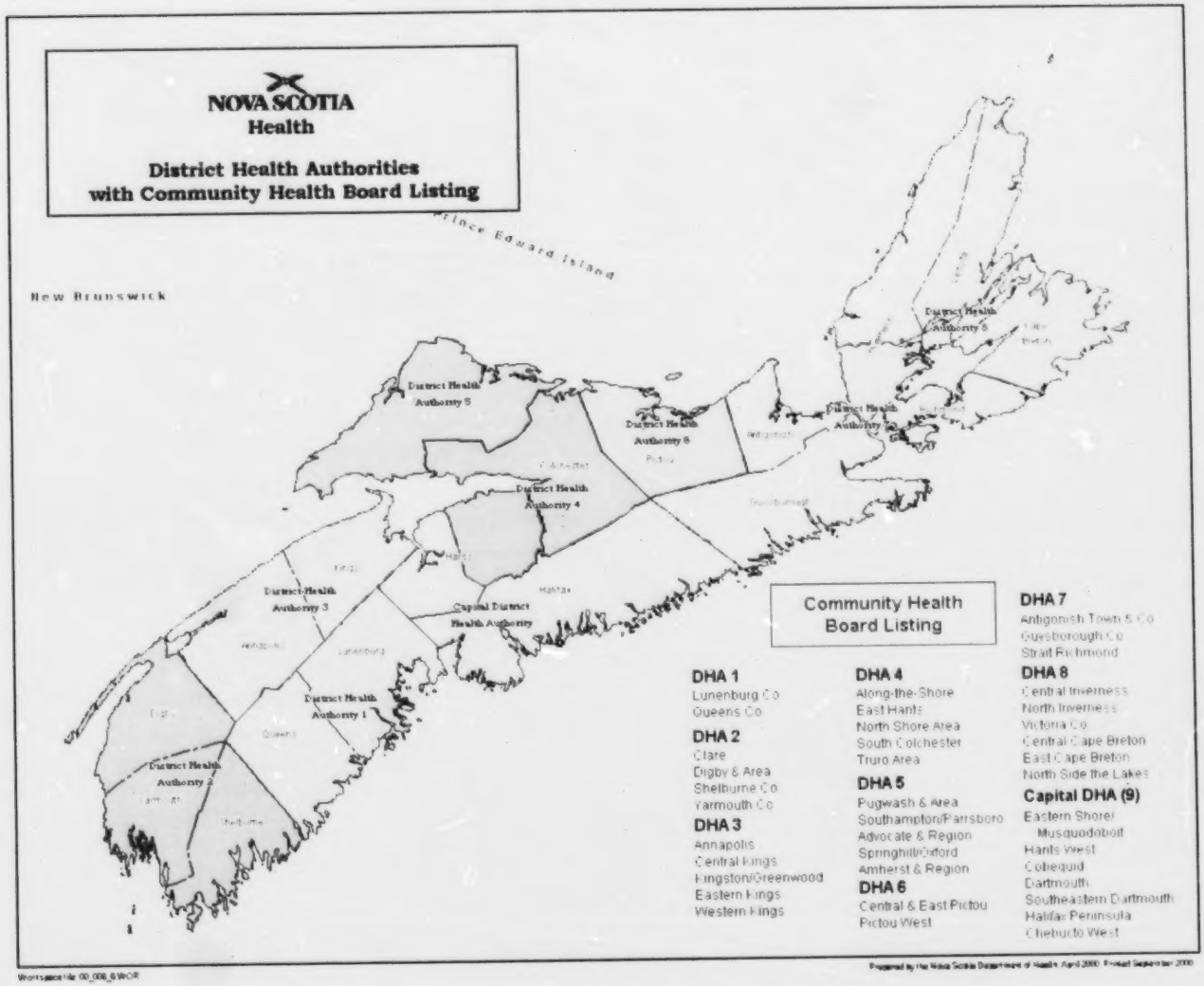
District-is the Cape Breton District Health Authority, one of nine provincial health authorities created by Bill 64. The District consists of facilities within the Cape Breton Healthcare Complex and within Inverness and Victoria Counties. The District is also comprised of two community programs, Addiction Services and Public Health Services, which are shared services with the Guysborough Antigonish Strait District Health Authority.

ICMH-is Inverness Consolidated Memorial Hospital including the Aite Curam long-term care facility in Inverness

SH-is Sacred Heart Community Health Centre in Cheticamp

VCM-is Victoria County Memorial Hospital in Baddeck.

District Health Authorities (DHAs)



What is the Cape Breton District Health Authority?

District Health Authority #8 was formed in January 2001 and is one of nine health authorities in the province. In March 2001, the Board approved the selection of the Cape Breton District Health Authority as our new name.

In 2001, there were approximately 2,500 persons employed by the District, which has an operating budget in excess of $148 million dollars. The District is responsible for the provision of acute care, Addiction Services and Public Health Services and also provides long-term care in six locations within Cape Breton, Inverness and Victoria Counties.

Within the District, there are six Community Health Boards (CHBs), three in industrial Cape Breton, and three in Victoria and Inverness counties. The primary mandate of the CHBs is to develop community health plans. Community input is encouraged as your CHBs are in close dialogue with your District Board and staff.

Our Population?

- In 1991, we had a population of 142,527 which declined by 1.56% to 140,303 in 1996. Our population is projected at 138,725 for 1999, a 1.12% population decline since 1996 (Statistics Canada, 1991/96/99).

What is the education of our population?

- Within the District, 14.03% of the population 15 years and older has an education level of grade 9 or less compared to 11.1% provincially.
- The percentage of District residents aged 15-24 who were not in school represents 33.4% of the population compared to 36.9% provincially.

Unemployment factors expressed as a percentage of the labor force?

- The employment force for those 15 and older was 43,610 (Statistics Canada, 1996). Unemployment rates were at a rate of 24% in 1996. For the past fiscal year these rates have fluctuated between 15.9-20.5%, compared to the provincial range of 8.6-11%.
- According to 1996 census data, the unemployment rate of persons 15-24 years was 41.6% compared to 23.3% provincially.

The average Household income within the District?

The average household income of married and common law families is $44,844 compared to $50,190 provincially.

- The average household income for male-headed lone parent families was $32,210, compared to $33,782 provincially. The average income in female-headed lone parent families was $20,488, compared to $22,336 provincially.
- Low-income single persons represented 48.2% of all singles in the District, compared to 40.8% provincially.

Do we have lone parent families?

- In the District, 21.5% of families, are lone parent families compared to 15.6% provincially.
- We know that in the District, 40.6% of lone parents are in the labor force, compared to 53.4% provincially.

Housing?

- There are 57.8% of renters spending more than 30% of their income on housing in the District, compare to 47.1% provincially.
- There are 14.8% of home owners spending more than 30% of their income on housing in the District, compared to 13.2% provincially.

1.0 Introduction

How does OUR HEALTH compare to the rest of the province or the country? How is OUR HEALTH as it pertains to moms and babies? What are the rates of child immunization?

How do we use our hospitals? What role does our emergency department play in OUR HEALTH? How is OUR HEALTH when we talk about heart/cardiovascular disease, diabetes, respiratory care and hip fractures? How is our mental health? Does it vary among age groups?

What role does nutrition play in OUR HEALTH? Are we physically active? What role does family support play in health?

What demands are placed on our Addiction Services staff? What are our smoking and substance abuse rates?

How does our health system respond to demands?

When reviewing OUR HEALTH, it is important to connect the influences of our communities on health.

There are three broad factors that impact our health: **Determinants of Health, Health Status** and **Health System Performance**.

Determinants of Health are the influences that our communities have on health. These include demographics of the population, the socioeconomic status, the education level of the population and environmental factors.

Health Status is the types of disease that affect our population the most.

Health System Performance is the quality of care and programs provided to people.

Our first focus will be **determinants of health**. Each subsequent chapter will answer questions on **health status** and **health system performance**. We will present the information by age group and have included personal stories in each chapter as a way of communicating our health system's response to your needs.

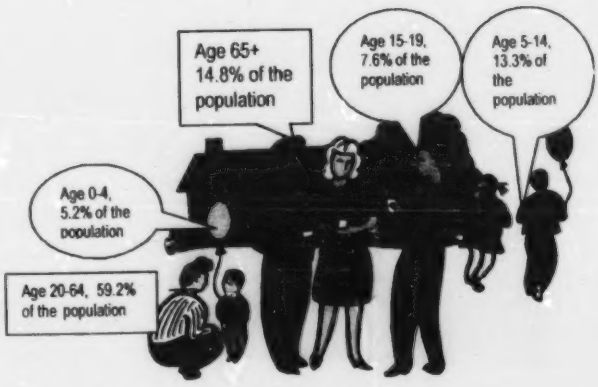
What do we know about our determinants of health?

Community growth has been linked to health. Although a more accurate reflection of population is to present comparisons to the rest of the province, this method of comparison could not be used for all the data though a District comparison to provincial data has been used in most cases.

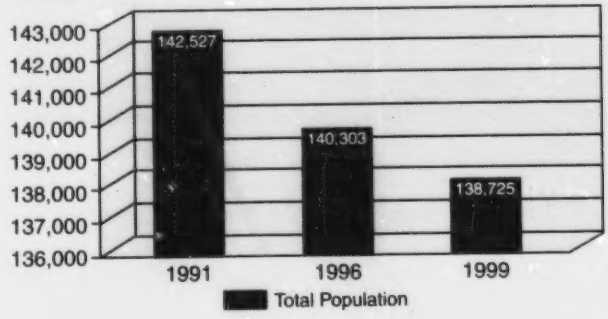
In 1991, we had a population of 142,527 which declined 1.56% to 140,303 in 1996. Our population is projected at 138,725 for 1999, which declined 1.12% since 1996 (Statistics Canada, 1991/96/99).

The District, in 1996, was projected to be 15.5% of the provincial population of 899,970. In 1999, the District was projected to be 15% of the provincial population of 919,350. Our birth rate declined from 1,361 births in 1999/2000 to 1,090 births in 2000/2001.

The Aboriginal population is the largest, 12,380 persons, ethno-cultural demographic component in the provincial 1996 census data. The District represents 38% of that number with 4,685 First Nations persons residing in this District.

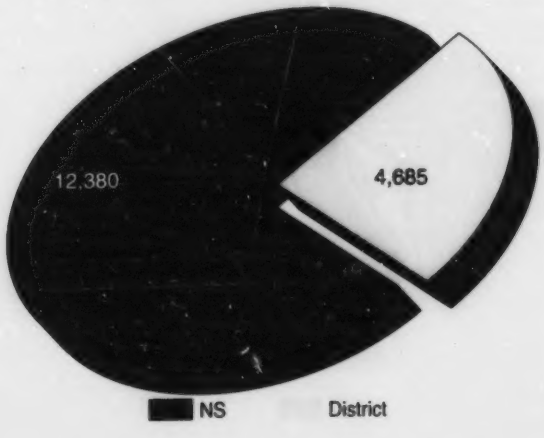

Age 65+ 14.8% of the population
Age 15-19, 7.6% of the population
Age 5-14, 13.3% of the population
Age 0-4, 5.2% of the population
Age 20-64, 59.2% of the population

Graph 1.0 Population Trends 1991/99



Between the years 1991/96 there was a 1.56% decline in population. Between the years 1996/99 there was a 1.12% decline in the District's population. It would appear that the slowest growth is in the ages 0 to 4, and strongest growth is in the 20 to 24 age group (Appendix A to C)

Graph 2.0 Nova Scotia Aboriginal Population



Supportive environments are the quality of networks supporting individuals within a community. The strength of these networks have been linked to health. One such network is family. According to our 1996 census figures, the number of families in the District were reported to be 37,005. Lone parent families made up 21.5% or 7,956 of these families. The average size of a District family numbers 2.9 compared to 2.8 provincially.

The average married/common law family income within the District was $44,844, compared to $50,190 provincially. Stated another way, Cape Breton family income was 10.7% less than the provincial family income average.

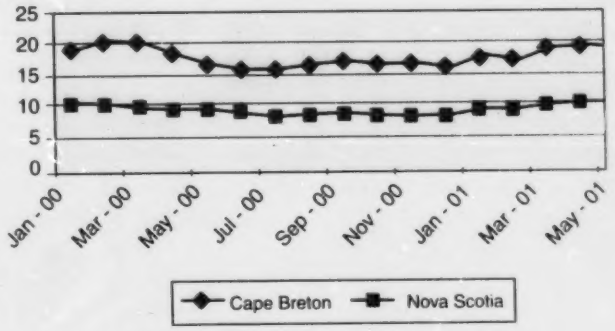
The male-headed lone parent family income averaged at $32,110 compared to $33,782 provincially. In contrast, the female-headed lone parent family average income was $20,488 compared to $22,336 provincially.

Is Employment/Education tied to better health?

Researchers have suggested that economically disadvantaged communities are less healthy. Hertzman and others have suggested that the more impoverished a child, the more the child may access the health system.

Human Resources and Development Canada (HRDC) captures the unemployment rates for the province monthly. The unemployment rates are the number of unemployed persons expressed as a percentage of the labor force (HRDC, 2001).

Graph 3.0 Unemployment Rates
January 2000 - June 2001



Source: HRDC website June

Between January 2000 and May 2001 (17 months), the unemployment rate for Cape Breton has fluctuated between a low of 15.9 (July 2000) to a high of 20.5 (April 2001). This compares to a provincial low of 8.5% (July 2000) to a high of 11.0 (May 2001).

Part-time employment?

In Cape Breton, Nova Scotia and Canada, there has been an increase in part time workers as a percentage of the total work force (Appendix D). Are these the only jobs available? Are people making different life style choices?

Education is known to predict employment income. Those age 15 and older whose education is less than grade 9 represent 14.03% of our population compared to 11.1% provincially. The percentage of District residents 15-24 who were not in school represents 33.4% of our population compared to 36.9% provincially.

Within the District, 11.7% of our population (11.1% males and 12.2% females) completed university compared to 15.8% provincially (15.9% males, 15.7% females).

How are Motor Vehicle Injuries being monitored?

The Department of Transportation & Public Works maintains data on the number of accidents by severity, injury and fatality. The data noted that more accidents occurred in Victoria County in 2000 compared to the year previous. More injuries occurred in Cape Breton and Victoria counties than the year previous. More deaths occurred in Inverness County in the year 2000.

Table 1.0 Accidents/Injuries/Fatalities 1999/00 - 2000/01

	Cape Breton	Inverness	Victoria
1999/00			
Accidents	1,533	352	131
Injuries	623	113	46
Fatalities	11	0	6
2000			
Accidents	1,419	301	159
Injuries	637	91	57
Fatalities	7	4	3

Source: NS Dept. of Transportation and Public Works

What environmental factors have an impact on health?

A number of factors in the environment impact on health. We will mention a few. The Joint Action Group (JAG) is a community driven partnership that is responsible to facilitate the clean up of the Muggah Creek watershed, the former Coke Ovens site, the Tar Ponds and the municipal landfill. The extent of the environmental impact on health is an ongoing issue.

Landfills are a continuous concern for environmental experts (Potter, O'Connor, Kenny for Matheson, 2001). New environmental landfill requirements coming into effect in 2005 will see all counties faced with landfill challenges.

Do we as a Community recycle?

Recycling is important because the less waste put into our landfills, the fewer emissions that burn in our environment, and the less leachate (landfill run off) is formed. Diversion rates tell us how much less per capita we are sending to landfills compared to our 1989 rates. Our recycling percentages are less than the provincial averages, there are still improvements to be made.

Table 2.0 Recycling Diversion Rates District

County	1999/00	2000/01
Cape Breton	30%	25%
Inverness	20%*	24%*
Victoria	36%	41%
Provincial Average	50%	46%

*includes the Town of Port Hawkesbury
Source: NS Dept. of Transportation and Public Works

The Bras d'Or Lakes?

Monitoring the water quality in the Bras d'Or Lakes is ongoing. At present it is known that 41 shellfish sites have been closed due to sewage problems, and farming run off (Bates, 2001, Stevens, 2001). The community of Eskasoni collaborates with Environment Canada and other agencies in conducting biological population studies on fish. The Bras d'Or Stewardship Society is credited for their continuing vigilance of environmental concerns with the Bras d'Or Lakes.

Determinants of health impact?

Determinants of health, population, supportive environments, employment, education, injury and the environment all impact on OUR HEALTH. What do we know?

Table 3.0 Statistics Canada (1996) Summary of Health Status Indicators

Characteristic	District	NS
Life expectancy at birth	76.1	77.7
Infant mortality rate/1000 live births	5.5	4.9
Birth weight <2,500 grams	5.3	5.7
Respiratory disease death rate/100,000	76.3	71.0
Heart/circulatory death rate/100,000	306.8	259.5
Cancer death rate/100,000	231.8	208.3

Source: Stats Canada 1996

What is our life expectancy?

The life expectancy at birth is 76.1 in the District, 72.8 years for males, 79.4 years for females, compared to a provincial life expectancy of 77.7 years, 74.8 years for males, 80.6 years for females. National figures suggest the life expectancy among the Aboriginal population is seven years lower than the national averages (Health Canada, 1991, Appendix F).

We have the lowest life expectancy (LE) of the 54 major health regions in Canada.

- *District residents live 1.6 years less than other Nova Scotians.*
- *District males live 2 years less, and females 1.2 years less than the average Nova Scotian male and female.*

Disability-free life expectancy is a more comprehensive indicator than that of life expectancy because it introduces the concept of quality of life. It is used to distinguish between years of life free of any activity limitation and years experienced with at least one activity limitation. The emphasis is not exclusively on the length of life, as is the case for life expectancy, but also on the quality of life. Residents in our District have the lowest disability free life expectancy of 54 major health regions in Canada. Some District data:

- *A resident of Cape Breton, born in 1996, would be expected to live for 76.1 years. However, only 60.3 of those years would be expected to be disability-free.*
- *A resident of Cape Breton, aged 65 in 1996, would be expected to live for 16.7 more years. However, only 8.4 of those years would be expected to be disability-free.*
- *A resident of Nova Scotia, born in 1996, would be expected to live for 77.7 years. However, only 63.9 of those years would be expected to be disability-free.*
- *A resident of Nova Scotia, aged 65 in 1996, would be expected to live for 17.6 more years. However, only 9.5 of those years would be expected to be disability-free.*
- *A resident of Canada, born in 1996, would be expected to live for 78.4 years. However, only 67.1 of those years would be expected to be disability-free.*
- *A resident of Canada, aged 65 in 1996, would be expected to live for 18.2 more years. However, only 11 of those years would be expected to be disability-free.*

What are OUR HEALTH issues?

Based on 1996 data, it is suggested that one in 1,311 persons died from respiratory disease, one in 326 persons died from heart/circulatory disease and one in 432 persons died from cancer in our District.

Three years later, in 1999, we reviewed mortality (death) data from the Department of Health. The three leading causes contributing to mortality are similar to 1996 data. Table four notes death rates per 100,000 for our counties and provincial populations.

Table 4.0 1999 Mortality rates per 100,000 by province/county

	NS	CB Co.	Inverness	Victoria
Heart/circulatory system	293.1	332.9	310.8	468.3
Cancer	250.3	284.7	291.7	316.1
Respiratory System	82.1	84.3	-	-
Accidents	-	-	62.2	163.9

Nova Scotia (NS), Cape Breton (CB)
Source: Department of Health

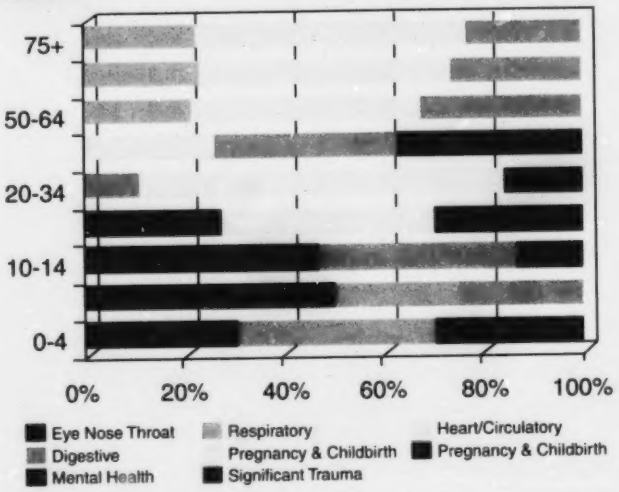
Heart/Circulatory disease is the leading cause of death, followed by cancer and to a lesser extent respiratory illnesses and accidents.

Why do we use our hospitals?

Hospital data for the District has been reviewed using Canadian Institute of Health Information (CIHI) data. The top three clinical categories were totaled to 100%. Then each category was calculated as a percentage of that total.

This data is profiled in broad clinical categories. Prevalent diseases such as cancer and cardiovascular disease are included in the body system represented by the clinical category. For example, lung cancer would be categorized under respiratory, colon cancer under the digestive system. Cardiovascular issues would be entered under the heart/circulatory grouping. Data has been categorized according to age groups identified by Statistics Canada.

Graph 4.0 Hospitals Discharge Utilization Data 2000/01



Mortality Data?

Mortality data has been averaged between the years 1995 to 1999 by the Department of Health. The averaging was required to present more accurate mortality data for each of the counties. In the age groups 0 to 19, numbers for the District are too small to report with any accuracy. In the age groups 20 to 34 mortality data for the province is presented according to rankings (1 to 3). In ages 35 to 65 and older mortality data is presented by province, and by county.

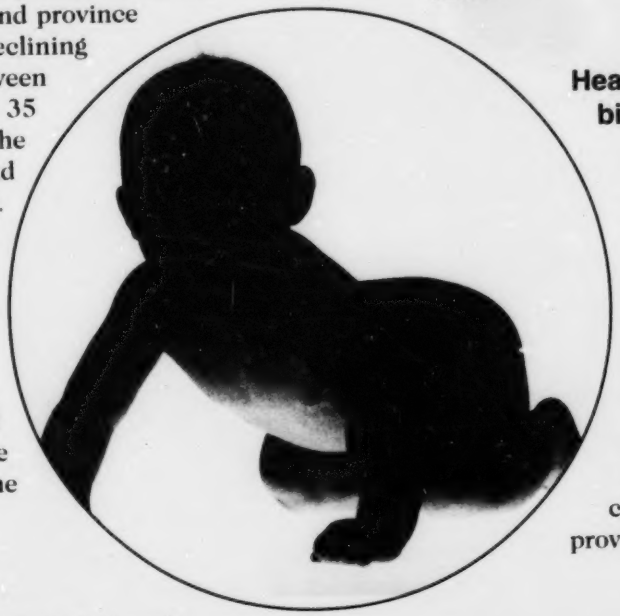
2.0 THE NEWBORN and INFANT (0 to 28 days)

How many babies? Who are our Moms?

From 1995 to 1999 births have been declining in our District by 17.3% from 1,567 births in 1995 to 1,336 births in 1999, to 1,090 births in 2000. Provincially births have declined by 12.5% from 10,908 births in 1995 to 9,697 births in 1999.

The average age of our moms is between 20 to 34 years of age. The teen pregnancy rate in both the District (12.28% to 10.36%) and province (8.2% to 7.18%) has been declining between 1995 and 1999. Between 1995 and 1999, moms over 35 years of age have increased in the District (9.06% to 10.65%) and the province (9.5% to 12.79%).

Smoking? The smoking rate for pregnant moms has been trended between 1995 and 1999 (RCP, 1999). In our District, 34.28% of moms reported that they smoked during pregnancy while the provincial average for the same time was 27.69%.



Why Folic Acid?

Folic acid is one of the "B" vitamins. It's found in citrus fruits, raw leafy green vegetables, beans, peas, lentils, cereal, bread and liver. Researchers have suggested a connection between folic acid intake and neural tube development in babies.

Dodds (1999) found a higher number of neural tube defect babies in the Sydney area over a 10 year period, although the numbers were not statistically significant. Kersad, VanDenHof, Dube, Zimmer (2000) suggested that folic acid taken before and during pregnancy reduced the number of babies born with neural tube defects, such as spinal bifida, in the province between 1991 and 1997 by 54%.

Although folic acid is talked about in many prenatal programs, health professionals feel that more potential and expectant moms need to understand the importance of folic acid for healthy babies.

Healthy babies at birth?

Indicators for baby health are low birth weight (less than 2,500 grams or 5.5 lbs) and pre-term birth rate (birth before 37 weeks of pregnancy). Between 1995 and 1999 the District's average low birth weight was 5.71% compared to a provincial average of 6.01%.

Folic acid decreases the chances of neural tube defects in newborns.

During the same time frame the pre-term birth rate average was 6.74% for the District compared to the provincial average of 6.89%.

RCP data suggests that smoking contributes to poor birth outcomes in Nova Scotia. Dodds (1995) reported that smoking rates were high in the 25 to 29 age group in the province. Lambers and Clark (1996) noted that smoking is the largest and most important risk factor for low birth weight and infant death.

The mortality (death) rate up to 28 days following birth?

Between 1995 and 1999 there were 54 deaths in the District, compared to 316 deaths in the province.

Healthy Moms at birth?

We do not know enough about post partum depression but we do know it has an impact on moms. Between 1995 and 1999, 10.08% of moms in the District and 6.39% of moms in the province noted a rate of depression at birth (RCP, 1999).

Cesarean section (c-section) rates?

C-section rates have long been an indicator of a health system's ability to respond to difficult pregnancies. The province has targeted a c-section rate of 20% as a target. C-sections in the District represented 20.04% of births between 1995 and 1999, compared to 20.08% of births provincially. In 2000/01 the c-section rate for the District was 20.7%, compared to a provincial average of 22.2%.

A woman with an annual income greater than $20,000 was more than twice as likely to breastfeed.

Breastfeeding rates?

In a recent Public Health Services survey (1999) breastfeeding and supplementary feeding was questioned. "Less than half of the children (46%) in the Sydney area were breastfed compared to more than half in the Strait area (53%). An increase in breastfeeding has been detected since 1996. A child born during 1997 or later was 41% more likely to have been breastfed compared with a child born in a previous period. Women under the age of 25 were more than 2.5 times as likely not to breastfeed their children compared to older mothers. A woman with an annual income greater than $20,000 was more than twice as likely to breastfeed. Women who attended prenatal classes were 72% more likely to breastfeed. A woman who did not receive formula samples was 50% more likely to breastfeed her child."

Research has indicated a linkage between breast milk as a food of choice for infants. Data has been compiled to suggest improved immunity and fewer allergies for babies who have been breastfed.

Giant Recovery Made with Baby Steps

Many Cape Bretoners still talk about the winter of 2001 but it would be hard to top Amy and Kevin MacKinnon's experiences.

"On January 8, Kevin was involved in an accident as a passenger when a truck hit them in a head on collision, " Amy explains. "Then in February while Kevin was recovering, my water broke."

Amy was in her 24th week of pregnancy. She was admitted to the OB/GYN unit at the Cape Breton Regional Hospital and transferred to Halifax shortly after. "I spent four weeks at the IWK on total bed rest. Karl was born on Mar. 30 at 29 weeks."

Baby Karl weighed just 2 lbs., 11 ozs. Like many pre-term infants, he faced chronic respiratory problems but no surgery was needed. The MacKinnons were anxious to take their baby home to Cape Breton.

"When your baby is stable it's good to get home, " Amy says. " The unit in Sydney is smaller. You get to know the staff. And of course it's easier financially and emotionally with family support nearby."

Amy and Kevin were amazed with their son's rapid growth in the neonatal unit at the Regional Hospital.

"Karl went from 3 lbs in mid May to more than 10 lbs. when he was released in late August. And he progressed so quickly - he went from an incubator, to a cot, to a crib in just weeks, " notes his proud mom.

"We both saw leaps and bounds in Karl's improvement when he came home to Sydney. The neonatologist really promotes nutrition all the unit staff do. They're wonderful."

Karl now weighs more than 11 lbs. The family, including 12 year-old daughter Danielle, has moved from Bay St. Lawrence to Sydney to be closer to required health services.

Karl is now a weekly visitor to the Pediatric Unit at the Regional Hospital. His parents are unsure how long home oxygen will be required but they take each day in stride.

"He's a good baby, a great sleeper. We have to wake him to feed him," dad Kevin says as he balances Karl expertly on his knee.

"His only problems are respiratory - otherwise he's fine, usually full of smiles, " adds Amy.

The MacKinnons understand the health care system well. Daughter Danielle was treated for leukemia from ages four to seven.

"Thankfully she's fine now," says Amy. "The staff we've met, especially the nurses, are very special people. I guess you just don't know all the services that exist in our hospitals until you have a reason to use them."

3.0 Preschool Years (1 to 4)

This age represents 5.2% of the District's population. The preschool years are full of milestones for growth and development and opportunities to explore the world.

Immunization compliance?

There are clear recommendations for the immunization of preschoolers. Maintaining high immunization rates is essential in preventing serious illness to our young children. Our District shows wonderful compliance. Child immunization for two year-olds in our District was 94% and for four to six year olds it was 97%. Families caring for our children in this way help children to build healthy immune systems.

Vision Screening?

Chlidren in the District have their vision checked prior to beginning school. Public Health Services has reached its target of 95% (1999).

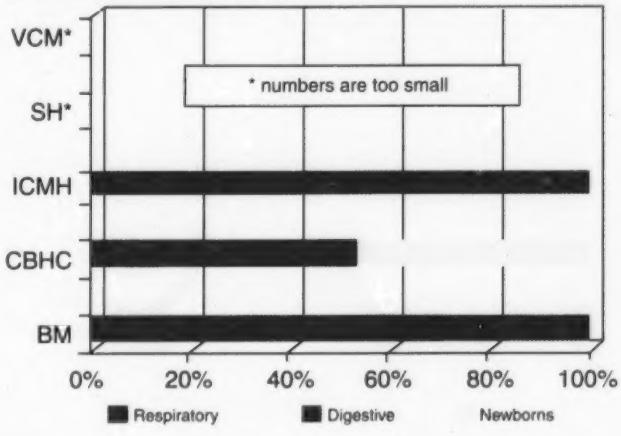
At least 94% of children aged two have been immunized in the District

What are reasons for hospitalization?

The top three clinical categories for each hospital have been calculated at 100%. The percentage breakdowns suggest the portion of 100% that was impacted by a certain clinical condition. When cases were too small or self identifying, numbers were not reported.

Respiratory illnesses impact on our children. There are many reasons for respiratory illness. One impact could be the home environment. We do know from the 1995 Nova Scotia Health Survey that nearly a quarter of Nova Scotians surveyed commented that Environmental Tobacco Smoke (ETS) created health problems for them. Are our home environments smoke free?

Graph 5.0 Top Three Reasons for Hospital Utilization 2000/01, ages 0 - 4



Asthma is considered a respiratory illness. A national longitudinal study of asthma trends between 1994/95 and 1998/99 suggests that rates are increasing in households that have people 4 and older with asthma. According to the survey, Nova Scotia leads other Atlantic provinces in those reporting asthma. In 1994/95, our percentage for persons with asthma was 8%. It increased to 10.2% in 1998/99. In Canada, those surveyed reported 7.2% of persons with asthma in 1994/95 compared to 8.5% in 1998/99.

Mortality?

Mortality numbers for this age group were averaged over four years by the Department of Health. Because the District's numbers are too small to report with any accuracy the provincial numbers for this age group are reported.

Table 5.0 Mortality Ages 0 -4
Nova Scotia Rankings 1996-99

1	Certain conditions in the perinatal period
2	Congenital anomalies
3	Symptoms signs ill defined

Source: Department of Health, 2001

Respiratory infections/Ear infections?

In this age group infections are common. Infections, if not treated may lead to hospitalization. Knowing the signs and symptoms your child usually displays when respiratory or ear infections occur is important.

Are children prone to injuries?

According to Bruce (1999) between 1992 and 1996 in Nova Scotia, children ages 1 to 4 years had 2,371 injuries that required hospitalization. The most common causes of injury were falls at 25%, medical/ surgical procedures at 20%, poisons at 13% and drowning and choking at 9%.

The children requiring the longest average hospital stay were those who were injured. There were 19 cases in this category with an average hospital stay of 13.4 days.

Data from the Eastern Region suggested 642 injuries, which required 2,280 hospital days of care. Injuries such as falls at 26% and poisons at 21% were the leading causes of injury. As with provincial data, the longest hospital stay cases were the result of injuries.

Sports have been shown to help in vocabulary development and pro-social behaviour.

Why is participating important?

In the National Longitudinal Study of Children and Youth, it was noted that 29% of children with little or no involvement in activities showed delayed development in vocabulary, about twice the proportion (13%) of those who had participated in activities. Activities were also linked to development of pro social behavior. It was found in the same study, that in sports related activity among younger children (4 to 5 years), boys were somewhat less likely to participate than girls.

4.0 Early School Years (5 to 14)

Ages 5 to 14 represent 13.3% of our population. The main challenges in these years are settling into a school routine, making new friends and weaving through the issues of growing up. Toward the end of these ages, issues such as smoking, alcohol and sexual activity can become challenges.

So they are off to school?

Food choices may change with the school lunch routine. Children have less leisure time for sport activity. So common issues are healthy food choices and access to physical activity.

The Annapolis Valley Regional School Board has adopted policies that encourage healthy eating. The primary focus of school food programs should be to provide opportunities for students to practice healthy eating rather than to encourage profit.

In Massachusetts, their Public Health Department is encouraging healthy food choices within school settings and encouraging more physical activity time through school hours.

Parent groups have been helpful in both challenges.

Healthy food choices and assess to physical activity are important.

Physical Activity?

In Canada, there is a need for well designed studies which examine a range of interventions to address child obesity (Cochrane Institute, 2001). Dalhousie University School of Health and Human Performance and the Nova Scotia Sport and Recreation Commission commenced a study on the physical activity levels of our children in Fall 2001. The Nova Scotia government with a range of private partners are working on developing strategies for increasing physical activity for children and youth.

Andersen (2000) has noted that between 1991and 1996 there has been an increase in child obesity (for males 92% and for females 57%). The United States has targeted child obesity as a national health issue. Studies have linked child obesity with diabetes onset and adult heart disease (Doctor's Guide, 1998).

What is Diabetes?

Diabetes is the inability of the body to convert glucose, a form of sugar, to energy for the body. Insulin, a hormone produced by the pancreas helps to regulate the body's use of glucose. Without insulin, converting glucose is like cooking food without heat. For diabetics, insulin is not produced enough or the insulin is ineffective.

What is the difference between Type 1 and Type 2 diabetics?

Type 1 diabetes occurs when the body destroys insulin-producing cells in the pancreas, therefore insulin injections are required to survive. Type 2 diabetes occurs when the body is not producing enough insulin or is unable to use the insulin it does produce efficiently (MacIsaac, 2001).

The Eastern Region has the highest incidence in the province at 30.9 cases per 100,000 among those 14 years of age and under

Should we be concemed?

In 1995, the Diabetes Care Program Nova Scotia (DCPNS) established a registry of all new cases of diabetes for those 18 years of age and under. The Eastern Region has the highest incidence in the province at 30.9 cases per 100,000 of those 14 years of age and younger. In Nova Scotia, between 1992 and 1996, for those 14 years of age and under there are 25.3 cases per 100,000, compared to 25.5 in Prince Edward Island, 25.7 in Edmonton and 20.4 in Manitoba. The highest incidence in the world is in Finland at 35.3 per 100,000 cases per year.

The average age of diagnosis in the province for Type 1 diabetes between 1992 and 1996, was 10.4 years for males and 9.25 years for females. As parents in this District, it is important to become aware of the signs and symptoms of diabetes. Your health professional can help.

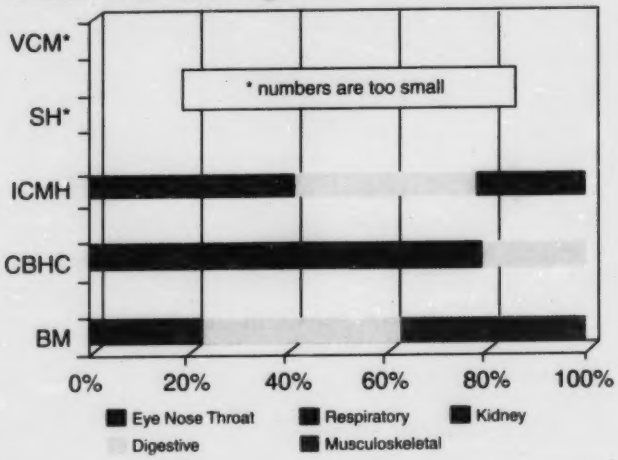
Dental Health?

Children need to access dental health for early intervention of dental problems, dental education, protection against dental decay and early intervention of bite problems. Public Health Services offers a fluoride rinse program throughout the District which is a partnership program with 20 schools and 250 trained volunteers. The aim of the program is to prevent tooth decay. Public Health Services has provided the fluoride rinse program to 5,040 students in the District or 89.3% of the targeted population in grades primary through six.

Hospitalizations?

In the 5 to 9 age group similar clinical issues as with the preschoolers occur. As one grows older there is a slight change in the reasons we need hospitals.

Graph 6.0 Top Three Reasons for Hospital Utilization 2000/01, ages 5 - 9



Mortality

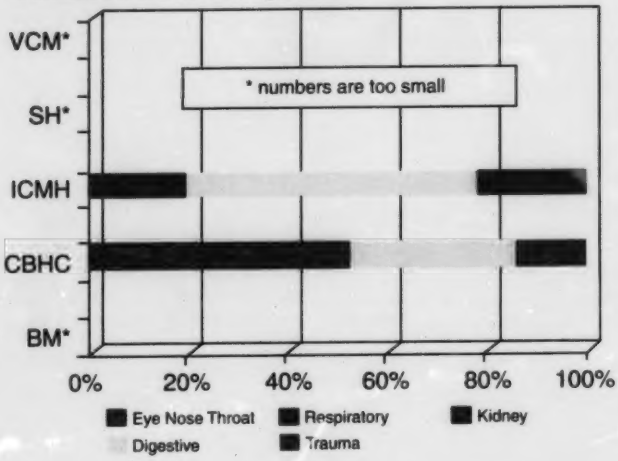
Mortality numbers for this age group were averaged over four years by the Department of Health. Mortality rankings for the province are presented.

Table 6.0 Mortality Ages 5-14 Nova Scotia Rankings 1996-99

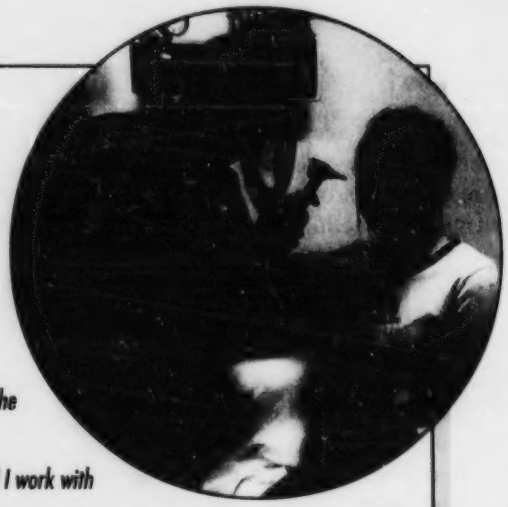
1	Accidents and adverse effects
2	Cancer
3	Diseases of the nervous system

Source: Department of Health, 2001

Graph 7.0 Top Three Reasons for Hospital Utilization 2000/01, ages 10 - 14



Working with Kid Gloves



Dr. Andrew Lynk has a busy pediatric practice in Sydney. He sees about 80 children a week and deals with health problems ranging from mild infections to cancer treatment.

"I treat babies, teenagers with mood swings and everything in-between. Most children are fortunately healthy in these years but I do see kids with chronic health issues," he notes.

Dr. Lynk sees children up to age 18 in his offfice located on the Pediatric Unit of the Cape Breton Regional Hospital.

"Most of my patients are 10 and under. I get referrals from family doctors and I work with many specialists."

He says asthma and behavioral problems such as learning disabilities and Attention Deficit Disorder are common health concerns in this age group.

"I also treat children with cancer and heart problems. Shared care with specialists in Halifax is often used in these cases, particularly for diagnosis but for example, 95 % of oncology cases are treated here."

Meeting with thousands of parents and children from across the Island each year, Dr. Lynk is well aware of the risks and challenges young people face.

"Second hand smoke is a huge problem, especially for asthmatic children. I also worry about the lack of exercise and extent of TV watching, especially the violence on televsion."

"I think family time together is a big issue," he adds. "Not that many people go for a Sunday drive together anymore. In this area with so many dads working away, the remaining parent is left with a lot on her plate."

He also worries about compliance with seatbelt and car seat regulations.

"A lot of people still don't follow the guidelines. Infants under a year must be a rear facing seat. A toddler seat should be used until age 5. A booster seat from ages 5 to 8. And they must be buckled in properly. Children under 13 must ride in the back seat."

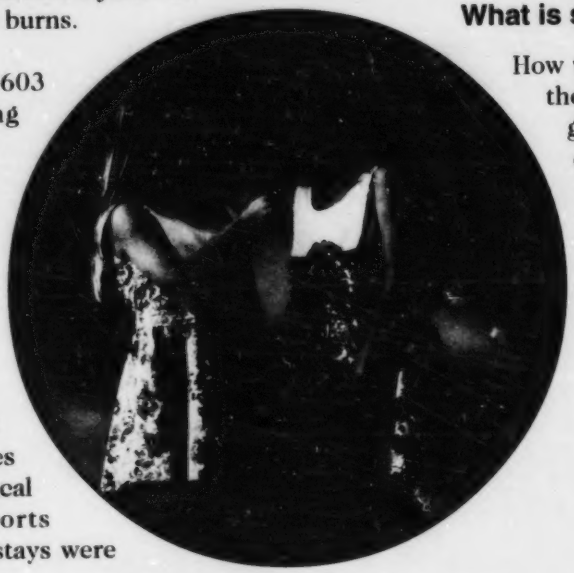
Dr. Lynk says pediatricians face a big challenge over the next few years.

"There is a real shortage of pediatricians and pediatric nurses. This situation is going to get worse and it's a big concern. We're proud of the quality of our service and we have to keep it."

Injuries?

Between the ages of 5 and 9, in the province there were 2,551 hospitalizations for injuries between 1992 and 1996. Leading causes were falls at 34%, medical/surgical procedures at 21%, and foot injuries at 7%. The longest stays were for burns.

In the District, there were 603 injuries requiring hospitalization. Falls at 32% accounted for most admissions, medical surgical procedures at 16% and foot injuries at 9%.



Between the ages of 10 and 14 in the province there were 2,915 injury related hospitalizations between 1992 and 1996. The leading causes were falls at 22%, medical/surgical procedures at 17% and sports injuries at 11%. The longest stays were for adverse drug effects.

In the District, there were 721 injuries requiring hospitalization. Falls at 23% accounted for most admissions, followed by medical surgical procedures at 16% and sport injuries at 7%. The longest stays were for drowning/choking.

5/20 of the children surveyed felt that they spoke with their parents some or none of the time

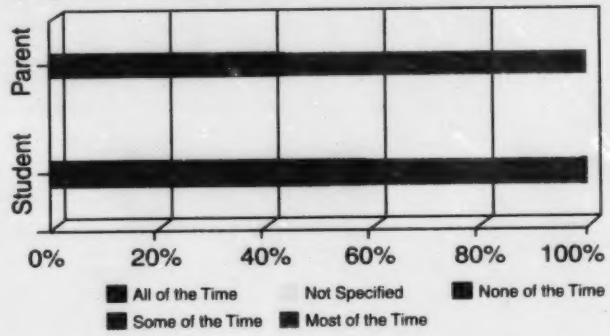
Support Systems? Communication?

In a recent Public Health Services survey of persons between the ages of 9 and 12 years, 12,138 persons (students, parents and staff) were questioned.

What is self-esteem?

How well do children feel about themselves? The information gathered indicated that children generally feel good about themselves. This is an indicator of well being in children. They actually felt cared for more of the time than parents realized.

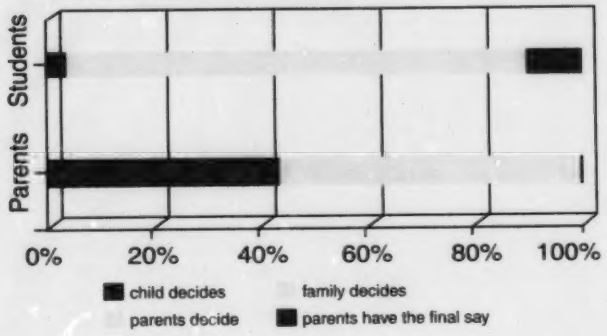
Graph 8.0 Feeling Cared For/Self Esteem



Decision Makers?

In the Public Helath Services study both students and parents reported that parents and families still had the final say on the important things Why is communication important? Family connectedness is stronger for children 12 and under than children 15 and under. (Courey, 2001)

Graph 9.0 Decision Making



5.0 Youth Years (15 to 19)

This age represents 7.6% of our population. There are a number of challenges that face our youth. Drug use for this age group continues to be troublesome. Mortality due to injury impacts on this age group. Pregnancy and childbirth and gastric problems have been cited for reasons for hospital admissions. Mental health hospital admissions begin with this age group.

Sexual activity has been documented in provincial surveys, leading to public policy issues for health promotion.

Drug Use?

Between 1991 and 1998 the Nova Scotia Drug Use Survey suggested an increase in smoking rates from 26.1% to 36.1% among students grades 7 to 10 and grade 12. According to Health Canada, Nova Scotia has the highest smoking rate in Canada. Among persons age 15 and older, 29% are smokers compared to 25% of other Canadians (Nova Scotia Tobacco Control Unit, 2001).

Canadians spend more than $11 billion dollars per year on smoking related illnesses. Nova Scotia spends $170 million dollars per year to treat smoking related illnesses (Hoddinott, 2001, NS Budget 1999/00).

Between 1991 and 1998 there was an increase in smoking rates from 26.1% to 36.1% among students grades 7 to 10 and grade 12

The Nova Scotia Student Drug Use Survey (1998) confirmed an upward trend in adolescents' use of drugs. Between the 1991, 1996 and 1998 surveys, alcohol and smoking were the drugs of choice followed by cannabis.

Sexual Activity?

The Canadian Youth and AIDS study surveyed 38,000 Canadians in grades 7,9 and 11 and first year college and university students (1988). Slightly higher levels of sexual experience were seen among Nova Scotia respondents.

Ten years later, sexual activity was more common and progressed as students moved through grades 9 to 12. Of those surveyed 26.3% of grade 9 students, 37% of grade 10 students and 57.9% of grade 12 students were sexually active. Condom use was less consistent as students moved from grades 9 through 12.

Hospitalizations?

Pregnancy and childbirth are the main reasons for hospitalization in this age group, although data suggests a decline in teen deliveries from 8.2% in 1995 to 7.18% in 1999 (RCP, 2000). Digestive and mental health issues are other causes that require hospitalization.

OUR Mortality?

Mortality numbers for this age group were averaged over four years, 1996 to 1999, using Department of Health data.

Injuries?

When reviewing injuries in the province between 1992 and 1996 56% of all injury deaths occurred in this group. There were 157 youth who died as a result of injury. The District reported hospitalizations higher than the provincial average but mortality rates were close to average.

In Nova Scotia, among the ages of 15 and 19, there were 4,429 youth injury hospitalizations between 1992 and 1996. Leading causes were medical/ surgical procedures at 16%, motor vehicle injuries at 13% and falls at 11%.

In the District, there were 1063 injury admissions between 1992 and 1996. Leading causes were motor vehicle injuries at 14%, falls at 13% and medical surgical procedures at 12%.

The longest stays were for other injuries at 45.3 days and adverse drug effects at 19.6 days.

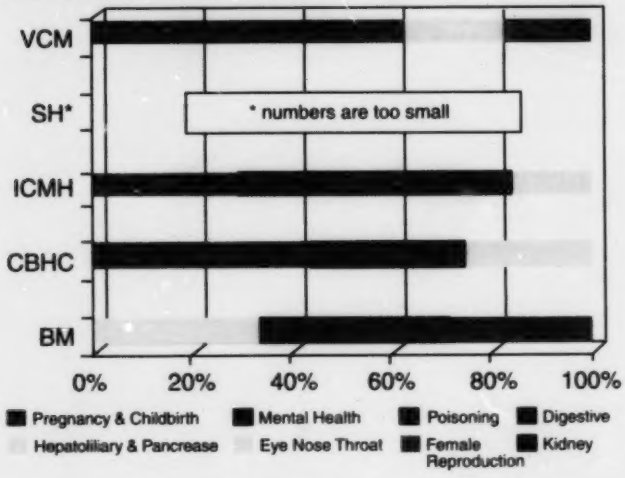
56% of all injury deaths occur in the 15 to 19 age group

Table 7.0 Mortality Ages 15-19 Nova Scotia Rankings 1996-99

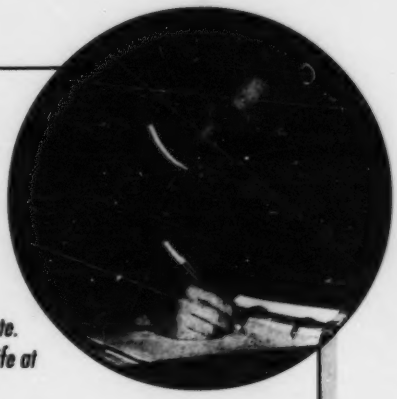
1	Accidents and adverse effects
2	Congenital anomalies
3	Diseases of the heart/circulatory system

Source: Department of Health, 2001

Graph 10.0 Top Three Reasons for Hospital Utilization 2000/01, ages 15 - 19



Youth Centres Play Vital Role in the Health of our Youth



Four Youth Health Centres operated by the District offer a unique model of integrated health services to youth between the ages of 12 and 19.

The centres are located in high schools in Sydney, Glace Bay and New Waterford and in a junior high school in North Sydney. These locations give students direct access to a range of health related services and programs dealing with issues ranging from nutrition to substance abuse.

Providing primary health care in a model directed by youth is the Youth Health Centre's mandate. Kim Lake, one of the program's nurses, says young people are directly involved in day to day life at the centres.

"Students from all schools can join our committee," she says. "They're active in fundraising and promoting the Youth Health Centres to other kids in the schools."

Each centre is staffed by a registered nurse, a receptionist and a nurse manager. A local pediatrician and family physicians visit regularly as required.

Arlene Fogarty is also a nurse with the Centres. She says it's a busy workplace and no two days the same.

"Yesterday for example, at one site, 17 students visited," she says. "We dealt with issues of sexuality, depression, relationships and the doctor was also in and busy seeing students."

About 1,400 young people have visited the centres in 2001 with 88% of visitors being female. Clinical services provided related to contraception, pregnancy, pap testing, STD testing and blood and urine testing. The nurses say other issues for youth include smoking, drugs and alcohol, relationships and self esteem.

"We're setting future health behaviors," says Fogarty. "Take Pap Tests for example. Many young women have their first one here in an environment they're comfortable with. Without this support, they may not have had that test."

The Centres developed from an association formed about 10 years ago in response to high pregnancy rates in our area. A committee of adults and youth oversee the operation of each centre while a community liaison committee advises on operations and issues. Community partnerships are vital to the success of the Centres. Three primary care programs involve many sectors of the community.

The "Baby Think It Over Program " is designed to assist in the prevention of teen pregnancy . Young people are assigned a "RealCare" baby simulator to parent for a weekend. These life-like dolls in their infant seats can be seen on the arm of many local teens on a Friday or Saturday.

Andie Currie, a 14 year-old grade nine student at Thompson Junior High, recently brought his "RealCare" baby home.

"I did okay but it was a lot of work , " he says. " It was like a cycle of feeding, burping, changing and doing it all over again. I was up three times the first night. "

The Centres also participate in a grief and loss support group for youth along with many community partners. An ongoing project to enhance nutrition in school cafeterias is another joint venture with interested agencies.

Future services will be chosen by youth.

"We believe youth are the experts," says Coordinator Mary Beth LeBlanc. "They're the most qualified to identify the needs and how to address them."

6.0 Adult Years (20 to 34)

This age group represents 19% of the population (Statistics Canada, 1999). People in this group are beginning to write the stories of how their lives will be lived.

A recent study in the area of Mental Health by Hughes (2001), looked at men with depression in this province. The results of the study indicated that workplace friendly policies that helped to decrease the stigma of mental health are important. The District, by working with programs like Crossroads, has helped to foster community awareness of mental health issues.

Depression was an issue in the Nova Scotia Health Survey (1995) in the District (Eastern Region).

Table 8.0 Depression NS Health Survey (1995)
Percentage of Respondents with CES-D Score over 16

	% noted	Confidence lower limit (95%)	Confidence upper limit (95%)
Eastern	19	15.6	21.6
Western	11	8.6	13.6
Central	15	13.0	17.9
Northern	15	12.4	18.0

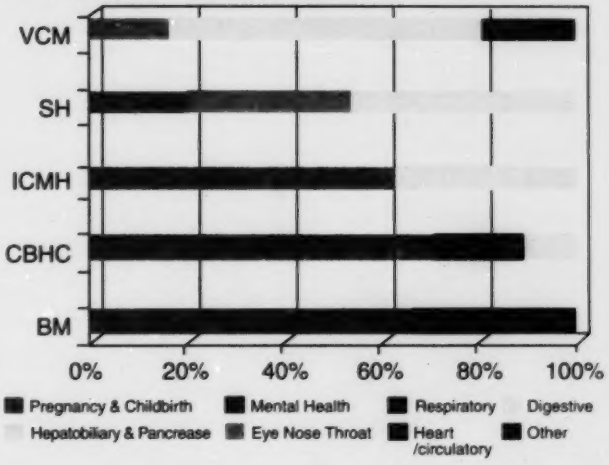
Source: Dalhousie Population Health Research Unit

Recent studies conducted by the Department of Health suggest that mental health reform must focus on promoting mental health and well-being.
This is a strategy that will be used in mental health planning within the District.

Hospitalizations?

The predominant reason for hospital care in this age group is pregnancy and childbirth. Other issues noted were digestive issues and for the first time, heart/circulatory issues become prominent. Circulatory issues refer to heart and circulatory conditions.

Graph 11.0 Top Three Reasons for Hospital Utilization 2000/01, ages 20 - 34



Our Mortality?

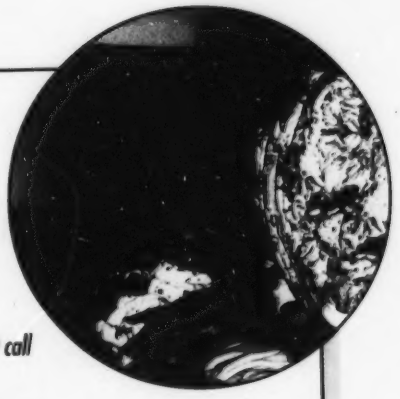
Mortality data for this age group was averaged over four years (1995 to 1999) for the province using Department of Health data. Accidents continue to be a primary prevention concern.

Table 9.0 Mortality Ages 20-34
Nova Scotia Rankings 1996-99

1	Accidents and adverse effects
2	Cancer
3	Heart/circulatory system

Source: Department of Health, 2001

Caring for Baby Before Birth



The Prenatal Clinic at the Glace Bay Health Care Facility offers convenient, seamless care for expectant mothers.

Since December 2000, the five local physicians who care for obstetrical patients have worked from the Clinic.

Unit Manager, Nina MacDonald says it's an easy way to access prenatal services.

"Women can be referred by their physicians if their doctors don't do obstetrics or they can just call themselves. This is important because some people don't have a family doctor."

The clinic program was developed to support obstetrical physicians and to standardize prenatal care.

Janice Brann was referred to the clinic by her doctor.

"I was a little apprehensive when my doctor recommended the clinic but it was a wonderful experience ," she says. "I saw my own doctor on each visit but I got to know all the nurses so when it came time to deliver I was familiar with the staff."

Patients usually make their first visit to the clinic between nine and 12 weeks. They come once a month until 30 weeks of pregnancy and then weekly until delivery.

"Previously there was no prenatal teaching until about 30 weeks, " Nina says. "At the Clinic we can integrate teaching with prenatal care."

"The in-hospital location is very convenient, " she adds. " All the services are right here. If a patient needs blood work or a dietician, everything is on site."

Janice says this was important.

"I wanted to work as far into my pregnancy as possible. The staff were so accomodating . If they were running late they'd let me know so I wouldn't be waiting."

She was particularly impressed with the education done around 36 weeks to introduce the parents to-be to the labour and delivery area.

"My husband and I toured the unit and it was very helpful, especially for him."

Baby Abbey Mombourquette was born on Nov. 5, 2001. Again Janice found the Clinic's support very helpful.

"My husband roomed in each night and the nurses made him welcome. The support for breastfeeding and everything has been amazing. I've had a wonderful experience."

The clinic is a low risk service notes Nina.

"High risk patients such as teens, multiple births or diabetic patients are referred on to Sydney, " she says. "When we see patients early we can identify any potential complications."

She expects the clinic to handle 125 deliveries in 2001. This translates into 1,500 clinic visits.

7.0 Adult Years (35 to 49)

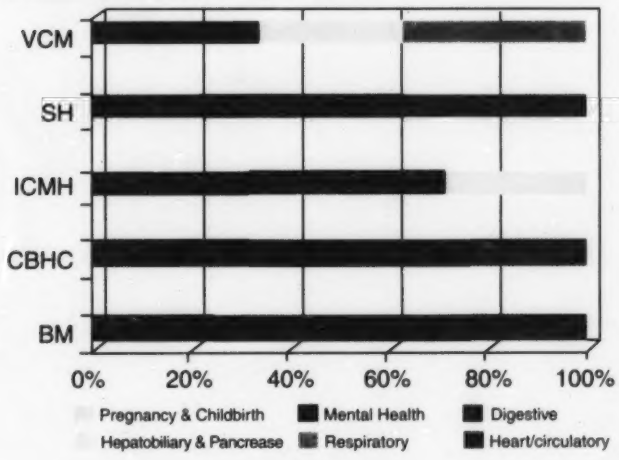
The sandwich generation is one term that has been used to describe this time in life. This age group represents 23% of the District's population. Although this group has had many life experiences, caring for those who are important in their lives continues.

The 1995 Nova Scotia Health Survey reviewed the role of the caregiver for those between the ages of 18 and 65 and noted that 8% of Nova Scotians reported being caregivers. Women ages 35-65 years were most frequently identified as providing this assistance (12%).

Hospitalizations?

For this age group, pregnancy and childbirth become less dominant. Issues in the digestive area continue and more heart/circulatory issues are encountered. Mental health continues to require hospitalization.

Graph 12.0 Top Three Reasons for Hospital Utilization 2000/01, ages 35-49



Pap Smear Screening?

Pap smear screening is encouraged throughout the reproductive years. How are we doing in this province? A recent national survey (ages 18 to 69 were included) suggested that Nova Scotians who reported a pap smear between one and three years represented 21.8 % of those surveyed in 1994/95. That number increased to 24.7% in 1998/99. The same survey reported Canadians who had a pap smear between one and three years totaled 23.2% in 1994/95 which increased to 23.6% in 1998/99.

OUR Mortality?

Mortality figures for this age group have been captured as a rate per 100,000 for the year 1999.

Table 10.0 1999 Mortality 35 - 49 rates per 100,000 by province/county

Rates / 100,000	NS	CB Co.	Inverness	Victoria
Cancer	54.0	59.6	86.1	200.1
Accidents	34.8	44.7	43.0	100.1
Heart/circulatory system	33.1	44.7	43.0	50.0

Nova Scotia (NS), Cape Breton (CB)
Source: Department of Health, 2001

Each county has been compared to the provincial rate for the same mortality cause. Rates have been age standardized.

This table suggests that cancer is the leading cause of death in this age group. The Victoria County data is very small and no conclusions should be drawn from the data presented. The Victoria County data is kept in this table to signify the same trending as other counties within the District. Accidents continue to be a leading cause of death in this age group.

Facing Life's Challenges

Adults living with mental illness can find the community a forbidding place. Setting goals, educational choices, job searches and personal fulfillment challenge us all but people coping with persistent mental illness may need help.

Crossroads, which is a part of the District's Mental Health Services, is a Sydney recovery and rehabilitation centre for such individuals. Based on the world-renowned "Clubhouse" model, this voluntary program offers work, social and community opportunities for members.

"Our program is based on the belief that work is a vital part of rehabilitation, " explains Coordinator, Colleen Cann MacKenzie, " It's all about redefining oneself, setting goals, finding educational opportunities. I call it full citizenship, helping members reach a level of community involvement."

Crossroads as a whole offers hope, positive experiences, meaningful work and relationships to all members in search of satisfying and fulfilling lives.

Crossroads has been located in a home setting on Bentinck Steet in Sydney since its beginning six years ago. It's a bustling place where members literally "run the show."

Several people are setting the lunch table, others are on the computers, photocopying and answering phones.

"Our members also have a direct impact on decision making, they have a chance to serve on committees and boards. They help us run the club," Colleen says.

About 33 of the 83 active members attend daily. Sylvia Chiasson of Glace Bay has been involved since day one.

"I've had the opportunity to do many new things. I've attended training in Toronto and Boston and gotten involved with the Social Response Team. It's really helped my self-confidence, my self esteem."

Sylvia has discovered a talent for public speaking and hopes to increase her role as an advocate for persons with mental illness.

Peter Arsenault is another long time member. Originally from Toronto, he now lives in Sydney.

"I've really enjoyed facilitating and chairing meetings. I've also taken a defensive driving course as part of his role as van driver and I'm involved with the Education Committee of the Schizophrenia Society."

Peter is active in a new partnership program that will send trios of health professionals, persons with mental illness and a family member to speak to community groups and school children about mental illness.

"I think we'll be talking to kids at the grade six level. It's important to try and reduce the stigma with our young people," he says.

Transitional employment opportunities are an important part of the Clubhouse program. Colleen says 43 such opportunities have been found for members over the past few years. Other members have had successful volunteer placements. "It's a constant search for new opportunities," she says. "We try to make contact with a least one new potential employer each week."

Colleen's pride is evident as she describes the accomplishments of various members.

"We have one member who decided we needed a van for transportation. He did all the legwork, dealt with all the channels and successfully lobbied the powers that be and convinced them to buy a van for the Club. Crossroads gives each member the opportunity to grow and develop as a person while contributing to their community."

8.0 Adult Years (50 to 64)

This age group is representative of 17% of the population. This is the time of life where accomplishments are felt. Children move on to build their careers and families. For those at home offering encouragement and guidance for so long, other challenges are sought. For those working, they are offering encouragement, and lessons to less experienced employees. Decisions about what to do after retirement begin to be made.

Guarding against osteoporosis should begin in teenage years, but is a common issue to menopausal women. It is more commonly a disease of women, though it applies to men and children as well. Research on these groups has not been as forthcoming. Research suggests females more easily fracture bones than males.

Those susceptible in developing osteoporosis should begin to discuss the importance of calcium, Vitamin D and physical activity with their health professional.

Other screening practices are encouraged through this time. The importance of screening for risk factors associated with breast cancer, prostate cancer and colorectal cancer should be stressed. Lemon and others (2001) noted that people, even those who are very health conscious, are not as likely to seek out colorectal cancer screening, as they are breast screening and prostate screening.

Breast Screening/ Mammography rates in NS continue to be below the national average.

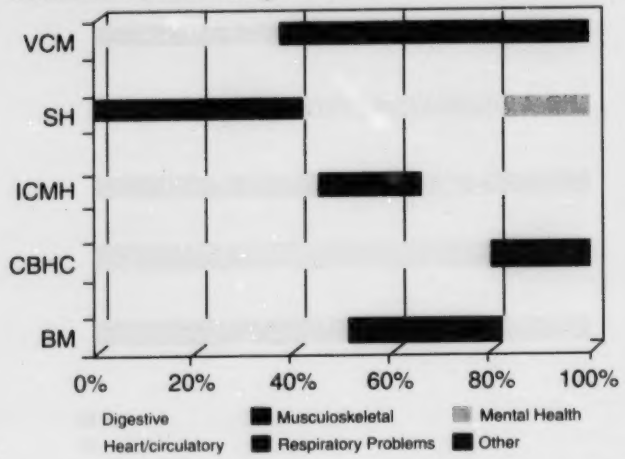
Breast Screening?

Nova Scotia rated second last when compared to our provincial counterparts in 1996/97 for breast screening mammography for ages 50-69 within the past two years. The survey found that 37% of Nova Scotians questioned received a routine mammography in the past two years compared to 49% of Canadians.

Hospitalizations?

Heart/circulatory issues begin to dominate as a reason for hospitalization for this age group. As expected, musculoskeletal (orthopedic issues) begin to show as a reason for hospitalization. In the past year there were 169 hip fractures in the District. Males represent 24.8% of these fractures while females represent 75.2%.

Graph 13.0 Top Three Reasons for Hospital Utilization 2000/01, ages 50-64



OUR Mortality?

Mortality figures for this age group have been captured as a rate per 100,000 for the year 1999. Each county has been compared to the provincial rate for the same mortality cause. Rates have been age standardized.

Table 11.0 1999 Mortality 50-64 rates per 100,000 by province/county

Rates / 100,000	NS	CB Co.	Inverness	Victoria
Cancer	311.6	338.9	328.1	582.8
Heart/circulatory system	172.3	268.1	149.1	249.8
Accidents	38.3	60.7	89.5	249.8

Nova Scotia (NS), Cape Breton (CB)
Source: Department of Health, 2001

Cancer continues to be the leading cause of death while heart/circulatory issues begin to move up as a mortality factor. Due to small case numbers the data for Victoria County is very limiting and should be considered as a trending pattern.

A Story From the Heart

Bernie Carew thought he knew something about heart disease. The Whitney Pier resident had a family history of heart disease, including a brother who received a heart transplant at the age of 41!

But Bernie dismissed the breathing problems he first experienced in the summer of 1998.

"I ignored it - if I was lifting something heavy and ran out of breath, I sat down until it passed. I wish now I had gone to the hospital then," Bernie says.

He couldn't ignore the feeling in his chest the night before Valentine's Day 1999. Bernie spent a long night in the Emergency Department at the Cape Breton Regional Hospital and a week in the hospital's Coronary Care Unit.

"They told us to call the family, he might not make it. It was an awful night," Bernie's wife Rena remembers. She was told her husband had a dialated heart. He was experiencing severe heart failure at the age of 53.

Bernie remembered nothing for a few days but he recalls the anxiety of recovery very well.

"I went to Halifax a few times. I had a lot of tests done and they told me to wait for a heart transplant. I had anxiety attacks and trouble sleeping."

Bernie's illness forced an early retirement from the construction industry. His life was changing rapidly but he was in good company. Another, 46 year-old brother had just received a similar diagnosis. It was a difficult time.

"I quit smoking right away. It was very hard after about 30 years. I didn't go cold turkey but I knew I had to quit."

Bernie also reduced his alcohol consumption and changed his diet.

"I liked a drink but now when I shoot pool, I just have one beer. I was surprised that I was satisfied with that but it was easier than quitting smoking."

Moderate walking, reduction of salt and fried foods were also part of Bernie's new routine. Two years later he's a success story. No longer in need of a heart transplant. Medication controls his condition.

During his recovery, Bernie began attending the Heart Function Clinic at the Regional Hospital. He says clinic staff played a major role in his success.

"Dr. Baillie, Carol Ferguson and all the people I see there are fantastic. They're so thorough and friendly. They tell you to call them anytime and you can. They keep an eye on you."

He believes this support was as important as his medication.

"They took away my worry and stress. There are so many little things you have to learn in recovery, like getting used to the medication and what feels normal for you. They are always available to ask."

Bernie visits the Heart Function Clinic every few months. He's growing comfortable in his new lifestyle.

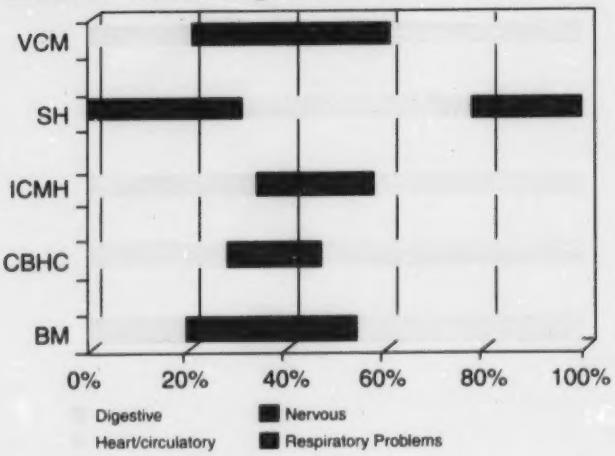
"I won't get better but my goal is to maintain my current heart function. You learn to appreciate life. I like to fish, watch the boats in the harbor-I love to watch the cruise ships. I keep busy. I can hop in the car when I want to and go off with my family. I'm not stuck in bed and I'm grateful for that."

9.0 Older Years (65 and older)

In the District, 14.8% of its population consists of those over 65 years, compared to a provincial average of 12.2%. These twilight years often represent a time to enjoy what matters in life (family, friends, hobbies, special interests). Is your health holding you back?

We know that in this age group, diabetes incidence increases as do heart/circulatory issues. Hip fractures and kidney problems may also occur at this time.

Graph 14.0 Top Three Reasons for Hospital Utilization 2000/01, ages 65-74

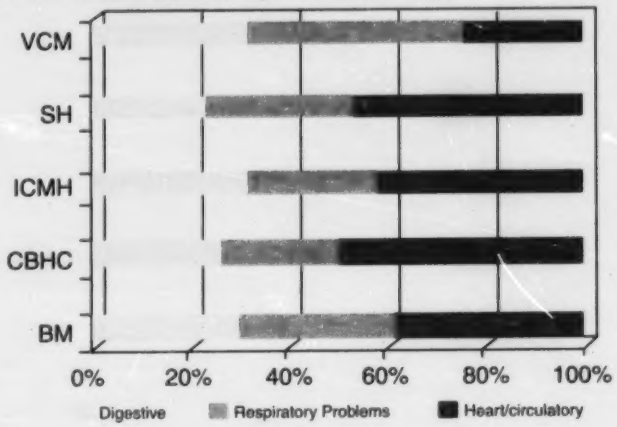


Hospitalizations?

Heart/circulatory issues are the dominant reasons for hospital care in the District for this age group. These issues may be secondary to other problems such as diabetes. The Diabetes Care Program of Nova Scotia data suggests a ratio of 1 in 6 persons receiving a diagnosis of Type 2 diabetes in this age group.

Heart/circulatory issues are the predominant reason for needing hospital care in this age group.

Graph 15.0 Top Three Reasons for Hospital Utilization 2000/01, ages 75 and older



Respiratory issues continue to impact this age group. Research has shown that pneumonia hospitalization rates increase steeply with age (Baine, 2001). Aspiration pneumonia, choking on food and having pneumonia as a result, is common.

Hip Fractures?

Hip fractures in Canada are known to cause a cost burden on the health care system. In 1999, Health Canada reported that hip fracture costs in Canada in 1990 were estimated at $400 million dollars. The data further suggested that the current hip fracture costs are expected to double in the next 30 years.

The Canadian Institute of Health Information (CIHI) Health System Performance Report 2000 shows age standardized data for ages 65 and over. This information noted the hip fracture rate for the District in 1997/98 was 665/100,000. In 1998/99, the rate was 766/100,000.

In a 2000 report on the ranking of health care in Canada, CIHI extracted data to help rank 50 health regions across Canada with populations over 100,000 (MacLean's, 2000). The District was ranked 39/50 health regions for hip fractures of persons over 64 years of age. In a similar review done in 2001, the District ranked 53/54 for the health regions surveyed. Given such results, the need for community preventative care and health awareness programs has been suggested. The District reported 169 hip fractures in fiscal year 2000/01 (24.8% male, 75.2% female).

Living With Diabetes

Jessie MacKinnon is celebrating her 70th birthday. The North Sydney resident has just returned from a visit with her son and his family in British Columbia. The phone is ringing and neighbors in her apartment complex are knocking on the door.

Jessie fits the description of an active, healthy senior. She's also among the more than 16% of Cape Breton adults in her age group with Type 2 Diabetes.

"I was diagnosed about 10 years ago. It showed up in my blood work," Jessie recalls.

She had just moved home from Toronto to retire with her husband Archie. Archie MacKinnon has since passed away.

"Archie had Type 2 Diabetes for 24 years but then he developed other illnesses, including heart trouble," says Jessie.

Upon their return to Cape Breton, the couple became clients with the Diabetic Education Clinic at the Northside General Hospital. The Clinic is one of several in the District.

Mary MacIsaac, the Nurse Educator at the Clinic, says Type 2 Diabetes affects 90% of the diabetic population. "It happens when the pancreas doesn't produce enough insulin or the body doesn't use the produced insulin effectively," she explains.

"Type 1 Diabetes is much less frequent. It affects about 10% of the diabetic population. Type 1 is usually diagnosed in children. It occurs when the pancreas is unable to produce insulin."

Mary describes Jessie as a conscientious person who regulates her diabetes through education, meal planning, exercise and medication.

"She does very well, she's a model client."

Although Jessie learned about diabetes while caring for her husband, she still had lifestyle adjustments to make in dealing with her own diagnosis.

"The dietary changes were the biggest thing. I have a heart condition too, so I have to plan meals carefully."

She says the personalized support offered by the Clinic's staff gives her the confidence and information required to manage her diabetes well.

"They'll even come to your home. It's much easier to learn in your own environment."

Jessie compares this to the services available in her previous city home and says she's grateful for the personal touch.

"I feel close to the Clinic staff. They feel like friends and that means a lot."

Mary is proud of the Clinic's programs. "I think we offer good support service that meets individual needs."

Diabetes is a major challenge in Cape Breton. The Island has the highest rate of diabetes in the province. Rates among youth under 15 and adults aged 65 to 75 are especially high. The Clinic has a current caseload of 1,600.

Health professionals believe the high incidence of diabetes is a result of an increasingly sedentary lifestyle and fast food diets. On a positive note, local statistics show more diabetics in our District are being treated as outpatients.

"In 1992, almost half of all adults starting insulin were hospitalized," Mary reports. "In 2001, 83 % of new insulin starts were treated in Clinics."

OUR Mortality?

Mortality figures for this age group have been captured as a rate per 100,000 for the year 1999. Each county has been compared to the provincial rate for the same mortality cause. Rates have been age standardized.

Table 12.0 1999 Mortality 65+ Rates per 100,000 by province/county

Rates / 100,000	NS	CB Co.	Inverness	Victoria
Heart/circulatory System	1899.7	1855.1	2173.1	2780.0
Cancer	1357.7	1421.6	1798.4	1429.7
Respiratory System	555.7	485.4	374.7	317.7
Digestive System				317.7

Nova Scotia (NS), Cape Breton (CB)
Source: Department of Health, 2001

In this age group cardiovascular disease, which includes heart disease, becomes the number one reason for death in all counties of the District. Other issues such as cancer and respiratory issues remain.

Kidney Failure?

This report would be remiss if it did not mention the impact of kidney failure, particularly on Canadians 65 and older. Recent information suggests that kidney failure is on the rise in Canada, with 50% of new patients being seniors (CIHI, 2001). Over the past decade (1990 to 1999) there has been a 73% increase in end-stage kidney failure, from 83 million Canadians in 1990 to 142 million in 1999.

Recent information suggests that kidney failure is on the rise in Canda with 50% of new patients being seniors

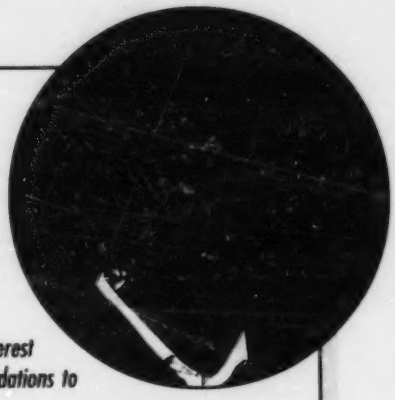
Most Canadians with kidney failure were on dialysis (62%), with less (38%) having received a kidney transplant. The Atlantic Provinces had the greatest proportion of older patients (57% were 65 or older) and the highest rate of new patients (729/100,000). Men were more likely to experience kidney failure.

In Nova Scotia researchers are studying the impact of kidney failure on our human resources (Pennock, 2001).

Long Term Care?

The District does provide long term care in eight of its facilities and acts as a facilitator for families and residents, should long term care be identified as a need. In March 2001, the District became a partner in the Single Entry Access project for Long Term Care under the direction of Continuing Care.

Geriatric Medicine Comes to the District



Dr. Cindy Hobbs loves her work. Her enthusiasm for her chosen field of geriatric medicine and her new Cape Breton home is uplifting.

Dr. Hobbs is one of only 150 geriatricians practicing in Canada and the first to work in Cape Breton. She set up her practice within the District in August 2001 and is thoroughly impressed with the people she has met.

"Everyone is so friendly and cooperative. The other health care professionals and members of interest groups in the community have been very supportive and are eagerly embracing recommendations to provide better care for the elderly in Cape Breton."

Dr. Hobbs describes her ultimate goal as "improving the quality of life and function of older people." She sees patients in her clinics, in nursing homes and in the District's hospitals. "I spend a lot of time with each patient, as a comprehensive geriatric assessment usually takes a minimum of two hours," says Dr. Hobbs.

She sees many patients who are frail and have multiple medical problems. Common reasons for referral to Dr. Hobbs include confusion/memory complaints, failure to thrive, falls and recent functional decline. A thorough review of all medications is done for each assessment.

Dr. Hobbs receives referrals from across the Island and says it's important to see the elderly in their own communities when possible. "Most of my patients are not able to move around easily," she says. "I have to reach out to them. In rural areas, we must be creative to find the necessary community supports."

An Ontario native, Dr. Hobbs was surprised to experience the long distances between many Cape Breton communities. "The first time I went to Inverness I couldn't believe how far it was," she says.

Now, she's settled in to life on the Mira and is enjoying rural recreational opportunities. "My husband I really like the outdoor life and the local music."

Her professional goals include establishing a multidisciplinary team approach to geriatric assessment and developing an "elder-friendly" hospital environment.

"As a specialist, I hope that my expertise will support and compliment the role of the local family doctors. Education is part of my mandate. Enhancing the knowledge of the other health care professionals will ultimately result in better provision of care for older people here."

With an already long waiting list for consults, Dr. Hobbs hopes to recruit another geriatrician to Cape Breton.

"I think this is a very progressive place to work and I feel gratified at the end of the day.

10.0 System Performance

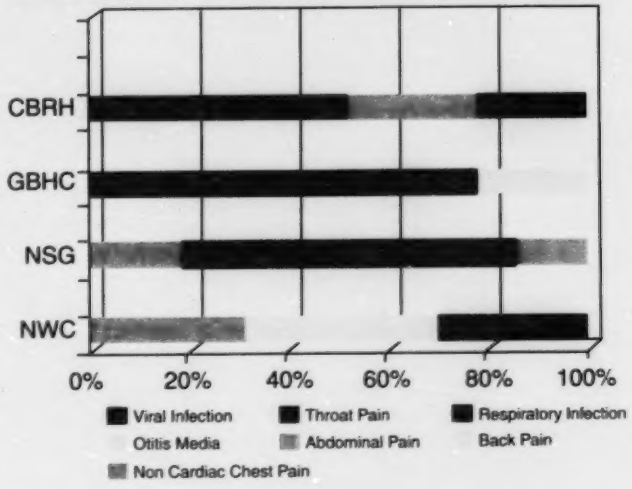
Has the health system been able to meet your needs? We attempt to measure this question with the use of performance indicators. Performance indicators use industry standards (targets) to measure the quality of care delivered. Are we responsive to your needs? Are we competent? Do we have a community/ client focus? Are services and care available, accessible, and timely? Does care and service provide continuity? Is it equitable?

Emergency care is a good indicator of the health system's ability to meet unexpected needs. You will note that the coding of information is different in the Industrial Cape Breton and rural facilities. Sites in Industrial Cape Breton are coded according to clinical diagnosis whereas the rural sites are coded according to the triage level. The Canadian Triage and Acuity Scale (CTAS) measures the illness of people when they are admitted to the emergency department. It has been endorsed by the Canadian Association of Emergency Physicians and the National Emergency Nurses Association. There are five levels: **Resuscitation** (immediate action required); **Emergent** (immediate action but not as severe as resuscitation); **Urgent** (needing action in the short term); **Less Urgent** (needing action) and **Non Urgent** (assess when able).

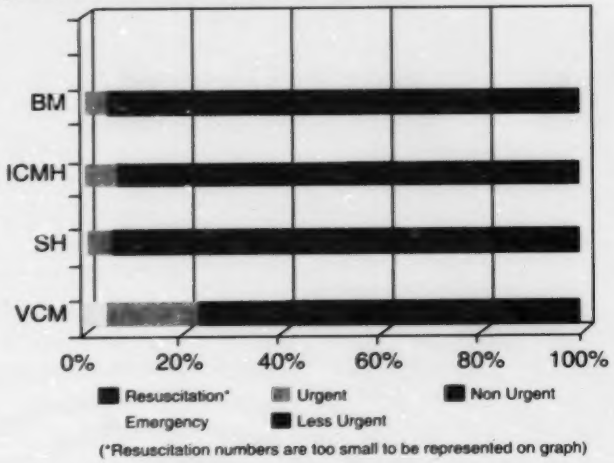
Through fiscal year 2000/01 in the industrial Cape Breton facilities there were 125,095 visits. For the same time period there were 20,415 visits to the Inverness and Victoria County hospitals.

Emergency care is a good indicator of a systems ability to meet your needs.

Graph 16.0 Top Three Reasons for Emergency Visits January to December 2000 (CB County)



Graph 17.0 Top Reasons for Emergency Visits April 2000 to March 2001 (Inverness and Victoria Counties)



(*Resuscitation numbers are too small to be represented on graph)

Performance efficiency in acute care can be observed when reviewing operating rooms functioning since surgery is a high cost area. When compared to the provincial average, the percentage of surgeries that are same day admissions (residents admitted the same day that they are having their surgery) are averaged at 95% for 2000/01 compared to a provincial

average of 84.3 %. The provincial target is 75%. This would suggest efficiency with booking of surgical cases.

Another indicator of care is readmissions to a facility within seven days of discharge. This number has been tracked provincially and at the District level for the past fiscal year. This number also indicates transfers between hospitals.

Table 13.0 Percentage of Same Day Surgery Admissions

2000/01	District	Provincial Average
	95%	84.3%

It is expected that in some instances you may return to the hospital to see your physician within seven days of discharge. For instance, you may be admitted in our District with chest pain, discharged to Halifax for a cardiac catheterization, and then readmitted back to the District following the cardiac catheterization. This may all occur within seven days. The numbers in this performance category show that the District's numbers (4.6%) are higher than the provincial average (3.9%).

Table 14.0 Readmissions within 7 Days of Discharge with Same/Related Diagnosis

2000/01	District	Provincial Average
	4.6%	3.9%

System Performance – Addiction Services

Addiction Services has been tracking clients that use its service. This includes residents in both the Cape Breton and Guysborough Antigonish Strait District Health Authorities. Data suggests that the need for Addiction Services is mostly in the adult group, with a tendency in both the adult and teen group to be of the male gender. During the past few years, attention has been focused on addressing the needs of female clients within the program. Additionally, the Addiction Services team and its Advisory Committee has spread support and care to most communities within our District.

Table 15.0 Type of Addiction Services Clients 1999/00, 2000/01

Type of Clients	1999/00	2000/01
Teen Females	2.57%	2.79%
Teen Males	7.00%	6.69%
Adult Females	18.21%	19.76%
Adult Males	65.2%	62.28%
Family & Friends	7.00%	8.48%

System Performance – Public Health Services

Along with immunization campaigns, public education and communicable disease reporting, our Public Health officials have assisted in many additional needs. Facilitation skills were used to begin the procedure toward Community Health Board development in Cape Breton County. Staff members have assisted with public education as part of the Joint Action Group process and has been key in the efforts of public testing in and around the Tar Ponds site.

The breastfeeding rate the province hopes to reach by 2007 is 75%. The present provincial breastfeeding rate is 63.5%. In 1996, the District reported a breastfeeding rate of 39.6%, which increased to 46% in 1999. The challenge for the District is to become more supportive of breastfeeding, a good place to start may be at the public policy level.

In 1996, the District reported a breastfeeding rate of 39.6%, increasing to 46% in 1999.

11.0 A Healthier Tomorrow

The first Health Status report has focused on Our Health. We have explored the impact of determinants such as employment, education, housing and the environment on health. Limitations of the report include the data that is available, particularly at the District level and this should be considered when interpreting results.

The importance of healthy eating and an active life style has been emphasized. If you are expecting, you will be more aware of the importance of folic acid before and during your pregnancy. Are you smoking when pregnant? Do you know the possibility of pre-term and low birth weight baby?

Do we encourage physical activities for children in our communities at low cost? If not, talking with your community health boards may be a good place to start.

Do we participate in school PTA meetings? Do we encourage healthy food choices for our children while in school? Do we help seniors who may not be able to access or afford healthy food choices?

Cardiovascular disease is a predominant issue as we age in this District. What initiatives are we encouraging? Are there blood pressure clinics, cholesterol-screening initiatives for those at risk? Are we educated enough about the impact that smoking and diabetes have on cardiovascular disease? Do we understand the implications for developing kidney disease? Your health professional can offer you education and support.

Walking is an effective aerobic exercise and low cost. Are there enough walking clubs in the District (or have running clubs been more popular)? Are there safe places to walk? Do we encourage green space development within our communities?

We can only hope that with our personal knowledge of cancer that we participate in screening programs. To improve accessibility, are we planning well women's and well men's clinics through community sponsorship? Maybe our Community Health Boards can help.

Do we need to do more to prevent hip fractures in our communities? Are we taking measures to reduce our risk of osteoporosis? Do we have preventative programs?

This report is a baseline. We hope that when the statistics and stories are repeated there will be more good news to tell. This report lends suggestions for future health initiatives. It will be up to us to make the first move, that will benefit our children and grandchildren. We have always been a people who believe in doing the best for our families and each other!

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Appendix A: Population Census Data per Age Group 1996

IN stands for 2/3 of Inverness County population within the Cape Breton District Health Authority*

96 Population / County	District		District	District	District
Age group	Cape Breton	Inverness	IN*	Victoria C.	Total DHA
0-4	7,005	1,175	783	485	8,273
5-9	8,000	1,550	1,033	585	9,618
10-14	8,650	1,570	1,047	685	10,382
15-19	9,080	1,755	1,170	660	10,910
20-24	8,005	1,380	920	515	9,440
25-29	6,725	1,180	787	460	7,972
30-34	8,195	1,365	910	585	9,690
35-39	9,390	1,545	1,030	655	11,075
40-44	9,150	1,610	1,073	660	10,883
45-49	8,705	1,630	1,087	680	10,472
50-54	6,705	1,255	837	500	8,042
55-59	5,925	1,105	737	405	7,067
60-64	5,385	880	587	370	6,342
65-69	4,835	785	523	370	5,728
70-74	4,455	745	497	295	5,247
75+	7,655	1,390	927	580	9,162
Total	117,865	20,920	13,948	8,490	140,303

INVERNESS COUNTY COLUMN ONLY PRESENTED FOR FUTURE REFERENCE
IN column (2/3 of Inverness county) is included in the 1996 District population calculations.*

Appendix B: Population Census Data Projected 1999

1999 Population Proj./County	District		District	District	District
Age group	Cape Breton	Inverness	IN*	Victoria C.	Total DHA
0-4	5,943	1,107	738	469	7,150
5-9	7,387	1,314	876	512	8,775
10-14	8,057	1,524	1,016	602	9,675
15-19	8,839	1,637	1,091	675	10,605
20-24	8,431	1,570	1,046	616	10,093
25-29	6,526	1,221	814	427	7,767
30-34	7,160	1,270	846	511	8,517
35-39	8,778	1,496	997	629	10,404
40-44	9,415	1,561	1,040	671	11,126
45-49	8,638	1,590	1,060	699	10,397
50-54	8,017	1,498	999	634	9,650
55-59	6,261	1,171	780	446	7,487
60-64	5,489	1,026	684	391	6,564
65-69	4,948	781	520	342	5,810
70-74	4,244	718	478	324	5,046
75+	8,112	1,431	954	593	9,659
Total	116,245	20,915	13,939	8,541	138,725

INVERNESS COUNTY COLUMN ONLY PRESENTED FOR FUTURE REFERENCE
IN column (2/3 of Inverness county) is included in the 1999 District population calculations.*

Appendix C: Population Projected 1999-Growth Pattern Analysis

Population Comparisons 1996 Census Data/ 1999 Statistics Canada Projections

	1996	1999	age group as a percentage of the total 1999 projected population	% growth change between 1996 and 1999
0-4	8,273	7,150	5.2	**less 13.5**
5-14	20,000	18,450	13.3	less 7.7
15-19	10,910	10,605	7.6	less 2.7
20-24	9,440	10,093	7.3	**increase 6.9**
25-54	58,134	57,861	41.7	less 0.4
55-64	13,409	14,051	10.1	increase 4.7
65-74	10,975	10,856	7.8	less 1.0
75+	9,162	9,659	7.0	increase 5.4
Total Population	140,303	138,725	100%	**less 1.12**

Total population figures source: Statistics Canada

Appendix D: Annual Averages Employment Statistics 2001, HRDC

CANADA: Annual Averages 15+ All Industries Both Sexes

	1990	1991	1992	1993	1994	1995	1996	1997	1998	1999	2000
Labor force		14330.1	14362.2	14504.5	14626.7	14750.1	14899.5	15153.1	15417.7	15721.2	15999.2
Employment	13084.0	12850.7	12760.0	12857.5	13111.8	13356.9	13462.6	13774.4	14140.4	14531.2	14909.7
Full-time	10851.4	10504.9	10376.7	10374.8	10617.0	10833.8	10883.0	11139.7	11466.6	11849.2	12208.1
Part-time	2232.6	2345.7	2383.2	2482.6	2494.8	2523.1	2579.6	2634.8	2673.8	2681.9	2701.6
Unemployment	14240.9	1479.5	1602.3	1647.0	1515.0	1393.1	1436.9	1378.6	1277.3	1190.1	1089.6
Unemployment rate	8.1	10.3	11.1	11.4	10.4	9.4	9.7	9.1	8.3	7.6	6.8

Nova Scotia: Annual Averages15+ All Industries Both Sexes

Labor force	432.0	433.6	426.6	429.5	431.5	428.9	431.1	437.4	445.9	452.0	461.6
Employment	386.5	381.0	370.4	368.0	373.3	377.1	378.1	384.3	398.9	408.6	419.5
Full-time	320.0	311.1	299.9	297.8	298.4	300.7	301.6	304.2	320.4	330.4	341.2
Part-time	66.5	69.9	70.4	70.1	74.9	76.4	76.5	80.1	78.5	78.3	78.3
Unemployment	45.5	52.6	56.2	61.6	58.2	51.7	53.0	53.1	46.9	43.3	42.0
Unemployment rate	10.6	12.1	13.2	14.4	13.5	12.1	12.3	12.2	10.6	9.6	9.1

Cape Breton: Annual Averages15+ All Industries Both Sexes

Labor force	64.5	63.0	63.7	63.3	66.3	66.1	64.4	64.8	65.6	63.8	63.5
Employment	54.0	51.1	49.9	47.3	51.0	52.7	49.8	52.1	53.8	52.7	52.4
Full-time	46.2	42.4	41.1	38.0	41.1	42.0	40.2	40.9	42.6	41.2	42.0
Part-time	7.7	8.7	8.8	9.3	10.0	10.6	9.6	11.2	11.2	11.4	10.4
Unemployment	10.6	11.9	13.8	16.0	15.3	13.5	14.6	12.7	11.8	11.1	11.1
Unemployment rate	16.4	19.0	21.7	25.4	23.2	20.4	22.7	19.6	18.0	17.5	17.5

This data was obtained from the Labor Force Survey (LFS).

The LFS is a monthly survey of approximately 50,000 households. The survey's goal is to provide a detailed, current picture of the country's labor market. The LFS is the only Statistics Canada source of current, monthly estimates of total employment (including self-employment) and unemployment. Many people know the LFS as the source of the unemployment rate but its data is also used to produce other labor market indicators such as the employment rate and the participation rate. The LFS provides employment estimates by industry, occupation and hours worked etc which are all cross-classifiable by several personal characteristics. Wage, union status, job permanency, and workplace size are also produced for employees.

The Labor Force in 2000 was noted as the following:

Canada	15,999,200
Nova Scotia	461,600
Cape Breton	63,500

Appendix E: Determinants of Health by CHB, in the District, in Nova Scotia

1996 Census Indicators for CHS:	Cape Breton County: East	Cape Breton County: Central	Cape Breton County: Northside the Lakes	North Inverness	Central Inverness	Victoria County
Familles						
Lone Parents as a % of Total Families	23.9	21.7	22.6	10.0	18.6	15.8
% of Lone-Parents who are in the labor force	33.1	47.7	36.1	33.3	37.5	42.5
Low income families as a % of all families	N/A	N/A	N/A	N/A	N/A	N/A
Male unemployment rate in families with	17.6	14.4	19.8	24.8	19.4	31.5
Female unemployment rate in families with children	18.2	15.8	18.2	29.3	16.2	39.1
Housing						
% of dwellings that are rented	25.8	29.6	22.9	18.1	18.5	13.9
% of dwellings in need of major repair	14.5	11.6	17.0	12.5	15.7	16.6
% of renters with more than 30% of income in rent	21.9	22.1	17.9	9.4	9.3	6.5
% of owners with more than 30% of income in payments	17.0	11.4	15.4	11.5	10.0	10.9
Education						
% of pop aged 15+ with less than a grade 9 education	15.6	9.7	16.0	24.0	8.5	16.4
% of pop aged 15-24 who are not in school	31.8	32.6	34.1	32.5	32.5	36.9
Unemployment						
Adult unemployment rate	22.9	21.0	24.8	28.3	22.4	37.7
Unemployment rate among persons aged 15 to 24	40.7	38.4	45.0	37.0	35.3	53.3
Seniors						
Persons 65 + as a % of total population	13.4	14.5	11.7	14.9	13.1	13.0
% of seniors who live alone	29.1	29.8	24.9	28.1	29.9	31.7
% of adults spending 10 + hrs./wk care taking a senior	5.0	4.2	4.4	4.6	4.9	4.0
Income						
Average Employment Income	817,026.98	819,901.22	817,328.08	818,283.93	819,899.65	818,302.52
Average income in two-parent families	841,018.44	848,928.19	843,157.31	843,694.59	848,832.02	844,221.61
Average income in male-headed lone-parent families	N/A	N/A	N/A	N/A	N/A	N/A
Average income in female-headed lone-parent families NM	N/A	N/A	N/A	N/A	N/A	
Low-income single-persons as a % of all singles	N/A	N/A	N/A	NM	N/A	N/A

Source: Dalhousie Population Health Research Unit

Appendix F: Aboriginal Life Expectancy (National Figures)

Canada's Aboriginal people, as a group, have a life expectancy that's seven years lower than that of the overall population (Health Canada, 1996). Specific coding of health data matched with Aboriginal heritage is limited. This life expectancy graph although 10 years old is the most current data available during the writing of this report.

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